

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 700577

1. Entity Name
**THE COMMUNITY REFORMED CHURCH OF
CLEARWATER, INC**



Principal Place of Business
**1430 BELLEAIR RD.
CLEARWATER, FL 33756 US**

Mailing Address
**1430 BELLEAIR RD.
CLEARWATER, FL 33756 US**

DO NOT WRITE IN THIS SPACE



07072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1968188

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOULD, NORRIS
1712 ROBINHOOD LANE
CLEARWATER, FL 33764**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GOULD, NORRIS
1712 ROBINHOOD LANE
CLEARWATER, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SPENCE, JAMES
456 TRINIDAD LANE
LARGO, FL 33770**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
REYNOLDS, GLORIA
1345 BYRON DRIVE
CLEARWATER, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8-9-04** Daytime Phone #